

**STATEMENT OF ORGANIZATION**  
**FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES**

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/>	Party Committee	<input type="checkbox"/>	Political Action Committee
This is an (check one)	<input type="checkbox"/>	Initial Statement	<input checked="" type="checkbox"/>	Amended Statement

RECEIVED

5-14-2014

**COMMITTEE (PLEASE TYPE OR PRINT)**

Name <i>LIBERTARIAN PARTY OF KANSAS</i>	
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 2456 WICHITA KS 67201</i>	Business Telephone ( )

**CHAIRPERSON**

Name <i>Rob HODGKINSON</i>	Home Telephone <i>(913) 851-4863</i>
Mailing Address (Street, City, State, Zip Code) <i>10310 KENNETH ROAD STILWELL KS 66085</i>	Business Telephone <i>(913) 980-9269</i>

**TREASURER**

Name <i>DAVID R. KOEHN</i>	Home Telephone <i>(620) 255-2854</i>
Mailing Address (Street, City, State, Zip Code) <i>P.O. Box 408 CIMARRON KS 67835</i>	Business Telephone <i>(620) 227-8195</i>

**AFFILIATED OR CONNECTED ORGANIZATIONS**

Name <i>LIBERTARIAN PARTY</i>
Mailing Address (Street, City, State, Zip Code) <i>2600 VIRGINIA AVE SUITE 200 WASHINGTON D.C. 20037</i>

If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.

**SIGNATURE:**

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

*5/13/14*  
 \_\_\_\_\_  
 (Date)

*[Signature]*  
 \_\_\_\_\_  
 (Signature of Chairperson)

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STATEMENT OF ORGANIZATION

MAY 13 2013

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES  
KS Governmental Ethics Commission

(See Reverse Side For Instructions)

This is a (check one)	<input checked="" type="checkbox"/> Party Committee	<input type="checkbox"/> Political Action Committee
This is an (check one)	<input type="checkbox"/> Initial Statement	<input checked="" type="checkbox"/> Amended Statement

COMMITTEE (PLEASE TYPE OR PRINT)

Name	Libertarian Party of Kansas		
Mailing Address (Street, City, State, Zip Code)	2456	Business Telephone	
P.O. Box 2456 Wichita, KS 67201 - (785) 665-7581			

CHAIRPERSON

Name	AI Terwelp	Home Telephone	(785) 665-7581
Mailing Address (Street, City, State, Zip Code)	Overbrook, KS 66524	Business Telephone	( )
12156 South Stanley Rd.			

TREASURER

Name	Mike Ogle	Home Telephone	(785) 220-8983
Mailing Address (Street, City, State, Zip Code)	66614	Business Telephone	( )
5924 SW 35th St TOPEKA KS			

AFFILIATED OR CONNECTED ORGANIZATIONS

Name	- National Libertarian Party		
Mailing Address (Street, City, State, Zip Code)	2600 Virginia Ave. N.W. Suite 200 Washington, DC 20037		

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SIGNATURE:

"I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor."

4/28/13  
(Date)

*AI Terwelp*  
(Signature of Chairperson)